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**RESEARCH**

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## Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in Victims of Sexual Violence Who Experience Trauma: A Systematic Review

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### Abstract

Incidents of sexual violence are like an iceberg phenomenon and continue to increase every year. However, this increase is inversely proportional to the rehabilitative efforts provided for victims of sexual violence. The impact of sexual violence is trauma that makes the victim feel helpless. Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is the therapy of choice to treat these impacts. This systematic review aims to determine the implementation and benefits of TF-CBT for trauma victims of sexual violence. The search used seven databases: Scopus, Sage Journals, ScienceDirect, ProQuest, PubMed, Clinical Key, and EBSCOhost. The research design used in the selected articles was three with RCTs, 5 with Quasy experiments, and 2 with cohorts. Selection is based on the criteria of article publication time in the last ten years, providing full text in English. The symptoms measured in trauma cases are PTSD, post-traumatic symptoms, mental problems such as depression, suicide attempts, and behavioral problems. The results showed that TF-CBT positively influenced all of these symptoms. Implementing TF-CBT also involves the role of parents and modifications with culturally sensitive principles. TF-CBT can reduce trauma symptoms. It is hoped that TF-CBT can be used in other trauma cases and apply modification principles that previous researchers have carried out by being culturally sensitive and involving the role of parents.

**Keywords:** Behavioral Therapy, Sexual Violence, Trauma.

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## 1. INTRODUCTION

Sexual harassment and violence are still a complex phenomenon in Indonesia and can be seen from various perspectives. Incidents of sexual violence are like an iceberg phenomenon. The increase in incidents of violence occurring in society is inversely proportional to the rehabilitative efforts provided for victims of sexual violence. Real-time data from the Indonesian Ministry of Women's Empowerment and Child Protection (Kemenpppa) dated 6 September 2023 shows that there were 1,364 victims of violence against children aged 0-5 years, 3,953 victims aged 6-12 years, 6,802 victims aged 13-17 years, 18-24 years old as many as 2,216, 7,907 cases of sexual violence were reported, and 1,300 victims received social rehabilitation services (4.7%) (Kemenpppa, 2023). Rehabilitation efforts continue to decline yearly; as seen in the Indonesian Ministry of Women's Empowerment and Child Protection report in 2020, rehabilitation efforts were carried out at 10% of the total report; in 2021, it was 12%; in 2022, it was 4.8%; and in 2023, it was 4.7% (Kemenpppa, 2023).

The age group that becomes victims from year to year is most often the adolescent age group 13-17 years, followed by the young adult age group (18-24 years). Incidents of violence in these two age groups were caused by factors of power or strength that controlled the victim. Perpetrators usually have economic and social control, so they often belittle and blame victims by threatening and manipulating social conditions (Videbeck, 2010). Apart from that, the tendency for sexual violence against girls occurs in dating relationships with a high school educational background (Komnas Perempuan 2020).

Acts of sexual violence can harm the victim. The impacts that can arise include negative stigma, rejection, trauma, and even frustration, as well as experiencing mental disorders that require further treatment (Komnas Perempuan, 2020). Deviant behavior that occurs in victims is also one of the negative impacts of this case, such as smoking, drinking, drug use, self-abuse, and suicidal ideation (Mardia, 2018). Sexual violence can have psychological impacts such as Post Traumatic Stress Disorder (PTSD), depression, anxiety, and social isolation. Victims often experience difficulties in the healing process due to social stigma and obstacles in interpersonal relationships (Ramadhani and Nurwati, 2023).

The psychotherapy approach using the Cognitive Behavior Therapy (CBT) method is said to be one of the most effective psychotherapy treatment methods in treating PTSD cases (Saragi and Sitohang, 2023; Subhi, 2021). However, it was found that there were limitations in treating trauma cases with CBT. This limitation is that CBT focuses more on the fear circuit imbalance without treating the negative effects of PTSD (Brown et al., 2018). Untreated negative affect can interfere with cognitive processes, such as narrowing attention to negatively valenced stimuli, processing, and memory that contribute to the success of CBT. In addition, negative affect can also increase rumination of negative autobiographical memories, difficulty considering counterfactuals, reliance on emotional reasoning, and false and negative interpretations of events (Brown et al., 2018). Side effects arising from CBT in cases of PTSD include tension in relationships with family, feeling distressed/negative well-being, and social tension in the work environment (Schermuly-Haupt, Linden, and Rush, 2018). Research shows that other therapies provide a more comprehensive and specific view of trauma cases, namely Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). This therapy is still very little researched and used in Indonesia. Several studies around the world show that TF-CBT can reduce PTSD symptoms in children and adolescents (De Arellano et al. 2014). TF-CBT also has a positive impact on the trauma of sexual violence victims and their families (Caouette et al., 2021).

Therefore, a systematic study of TF-CBT in victims of sexual violence trauma is needed. This study aims to determine the implementation of TF-CBT. This systematic review will also

examine what benefits TF-CBT can provide to victims of sexual violence and how TF-CBT can provide benefits to victims of sexual violence.

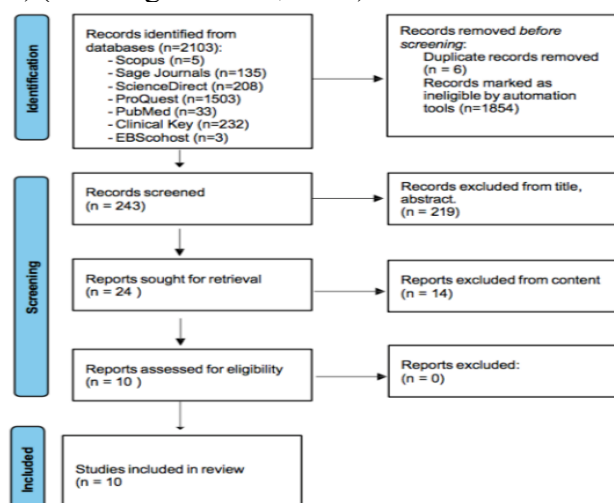
## 2. RESEARCH METHOD

The method used in this research is a systematic review. Searches were carried out on seven electronic databases, namely Scopus, Sage Journals, Science Direct, ProQuest, PubMed, Clinical Key, and EBSCO, since October 2023. The keywords used based on PIO (Population, Intervention, and Outcome) were Sexual abuse victim AND TF-CBT AND Traumatic. The number of articles obtained at the start of the search was 2103. Then, the articles were screened using the following criteria: publication time of the article from 2013-2023, a research article, and full text were available, so 24 articles were obtained. Furthermore, the content and feasibility were analyzed using the JBI critical appraisal instrument based on the research methods used, and ten articles were obtained that were suitable for analysis. The articles reviewed met the JBI criteria and other criteria, namely: a) research subjects are trauma patients; b) using TF-CBT intervention; and c) Explaining the results of each variable studied.

All articles that had been analyzed for suitability using the research criticism instrument were then analyzed further by reading the contents of each article in full and grouping them into several of the same variables studied with different results. Before conducting the study, the author used a brief analysis from PRISMA.

## 3. RESULTS AND DISCUSSION

Ten articles were included in this systematic review process. The research method was a quasi-experiment with five articles, a cohort with two articles, and an RCT with three articles. From this analysis, it was found that TF-CBT can help overcome trauma and its symptoms. TF-CBT is effective in reducing PTSD ( $p=0.04$ ) (Caouette et al., 2021); ( $p=0.001$ ) (Cabrera et al. 2020); ( $p=0.05$ ) (Jensen et al. 2022). TF-CBT also affects Posttraumatic Symptoms ( $p= 0.03$ ) (Hultmann, Broberg, and Axberg, 2023); ( $d=0.723$ ) (Unterhitzengerger, Sachser, and Rosner, 2020); ( $p=0.001$ ) (Hébert and Daignault, 2015). TF-CBT was proven to have a positive impact on mental problems ( $p= 0.001$ ); Strengths and Difficulties Questionnaire ( $p=0.01$ ) (Hultmann et al., 2023). Other mental problems that this therapy can positively influence are Depression ( $p=0.05$ ) (Newman et al., 2018) ( $p=0.001$ ) (O’callaghan et al., 2013), Suicide attempt ( $p= 0.01$ ) (Newman et al., 2018), and psychological distress (Hébert and Amédée, 2020). Behavioral problems as a result of trauma also had a negative effect from TF-CBT ( $p=0.000$ ) (Hébert and Amédée, 2020); ( $p=0.01$ ) (O’callaghan et al., 2013).



**Diagram 1.** PRISMA Diagram (Page et al., 2021)

**Table 1.** Journals Based on Inclusion Criteria

Writer/Year	Study Design	Samples	Intervention	Findings
Justine Caouette; Martine Hébert; Chantal Cyr; and Laetitia Méli ssande Amédée (2021) (Caouette et al. 2021)	Pilot study pre-post test	• The research sample consisted of 33 child victims of Sexual abuse (SA) at The Child Advocacy Center (CAC) in Montreal, Quebec, Canada, and Caregivers who were not perpetrators of SA: mother (69.7%), father (15.2%), grandmother or foster mother (15.1%).	TF-CBT with ten session and AVI intervention involving recording parent and child interactions in each session for 10 minutes, which was then evaluated and given positive reinforcement by the therapist. The following week, video feedback from clinical staff was provided with an additional 30 minutes of TF-CBT sessions.	The results showed that there was a reduction in children's internalizing ( $p < .01$ ) and dissociative symptoms ( $p < .05$ ), as well as maternal psychological distress ( $p = .05$ ) and post-traumatic symptoms ( $p = .04$ ) after the intervention. This study also shows that this combined therapy can be recommended as a therapy to promote the recovery of sexually abused children and their non-violent caregivers.
Natalie Cabrera; Gavin Moffitt; Rajeev Jairam; and Giles Barton (2020) (Cabrera et al. 2020)	An uncontrolled open trial providing	• A sample of 15 people (11-17 years) with a diagnosis of PTSD in the tertiary adolescent acute care unit in the South Western Sydney Local Health District (SWSLHD), New South Wales (NSW), Australia.	Nine session of TF-CBT therapy for 28 days.	The results showed that NSESS (severity level of post-traumatic stress symptoms) (mean difference = 15.47, SD = 8.49; $t(14) = 7.05$ , $p < 0.001$ , $d = 1.82$ ) and increased significance in global functioning on the CGAS (evaluating global impairment) (mean difference = 29.73, SD = 5.08; $t(14) = 22.680$ , $p < 0.001$ , $d = 5.85$ ). Both are

				statistically significant positive changes.
Ole Hultmann; Anders G. Broberg; Ulf Axberg (2023) (Hultmann et al. 2023)	Randomized controlled effectiveness trial with three assessment points	<ul style="list-style-type: none"> <li>• A sample of 89 children, aged 5 to 17 years, with symptoms of severe trauma participated with their nonoffending caregivers in a randomized controlled trial (RCT) comparing TF-CBT and eTAU.</li> </ul>	Trauma-focused cognitive behavioral therapy (TF-CBT) with 8-20 sessions and enhanced treatment as usual (eTAU) in children and adolescents exposed to family violence and receiving mental health services.	Results showed child, parent, and clinician reports showed statistically significant reductions in trauma and other mental health symptoms among children in the TF-CBT and eTAU groups, with no statistically significant differences between groups. Trauma symptoms and other mental health symptoms decreased, with small to moderate effects after 6 and 12 months. However, clinically significant changes in core symptoms were documented in less than half of the sample. Parental self-reported psychiatric symptoms and trauma showed slight decreases in both groups, and there were no differences between groups.
Jan L. Everhart Newman; John M. Falliganta; Kelli R. Thompson; Michael D. Gomez; Barry	Pre-post one group test (Experiment)	<ul style="list-style-type: none"> <li>• Participants were 107 male juveniles who had been adjudicated for criminal offenses and</li> </ul>	TF-CBT with approximately 24 sessions	Adolescents who completed treatment experienced a clinically significant reduction in PTSD

R. Burkharta (2018) (Everhart Newman et al. 2018)		referred for treatment to a residential treatment program in a secure facility in a Southeastern state.		symptoms as measured by the UCLA PTSD-RI (frequency of PTSD symptoms occurring during the past month) ( $p < .001$ ). Relatedly, people who complete treatment experience other positive outcomes. Treatment outcomes include symptom reduction on various clinical scales, BASC (evaluating behavior and self-perception), and MACI (assessing various psychological problems and psychosocial functioning). In summary, this study demonstrated positive feasibility results for successfully implementing TF-CBT with AISB decisions in the RTF setting.
Martine Hébert and Laetitia Méli ssande Amédée (2022) (Hébert and Amédée 2020)	Latent class analysis	<ul style="list-style-type: none"> <li>The sample used 384 children aged 6 to 14 years (67.2% girls; Mean age: 9.56, SD: 2.11) who sought services after disclosure of sexual abuse at a child advocacy</li> </ul>	TF-CBT with 8 sessions (PRACTICE: Psychoeducation and parenting skills, Relaxation techniques, Affective expression and regulation, Cognitive coping, Trauma narrative, In	The results of the study made the most appropriate model out of three classes: Classic PTSD, which reclassified 51% of children; Complex PTSD, which described 23% of children; and Resilient, which described 25% of children. Trauma-

		center in vivo gradual exposure, Conjoint parent-child sessions, and Enhancing safety)		focused therapy was associated with significant reductions in dissociation, internalizing, and externalizing problems in children in all three grades. Trauma-focused therapy was also associated with significant reductions in PTSD symptoms with a larger effect size ( $d = 0.90$ ; 95% CI: 0.63–1.16) for children classified in the Complex PTSD class.
Tine K. Jensen; Nora Braathub, Marianne Skogbrott Birkeland; Silje Mørup Ormhaug; Ane-Marthe Solheim Skar (2022) (Jensen et al. 2022)	Naturalistic observational study of a clinical	<ul style="list-style-type: none"> <li>The sample used 73 of 173 adolescents who met the criteria: exposure to at least one potentially traumatic event, age between 6 and 18 years, and clinically significant posttraumatic stress symptoms (PTSS), defined as a score <math>\geq 15</math> on the Child and Adolescent Trauma Screen -2 (CATS-2)</li> </ul>	TF-CBT up to 15 sessions	The results showed that PTSS levels decreased by an average of 1.42 in people living with PTSD and 2.09 in CPTSD sufferers. The significant difference between the two results (difference = $-0.66$ , $p = 0.015$ ) indicates that greater changes occurred in adolescents with CPTSD than in adolescents with PTSD. There was a significant reduction in symptoms of disorders in self-organization (DSO). Adolescents with CPTSD had higher pretreatment DSO

				levels than adolescents with PTSD (difference = 6.43, $p < 0.001$ ) and a steeper decline in pretreatment DSO levels.
Phyllis Lee and Jason M. Lang (2023) (Lee and Lang 2023)	Retrospective cohort	<ul style="list-style-type: none"> <li>The sample consisted of 1,861 children (59% girls, 43% Hispanic, 35% white, and 14% black) aged 3–17 years with a primary diagnosis of PTSD who received outpatient psychotherapy at 25 clinics</li> </ul>	TF-CBT and non TF-CBT	Children who received TF-CBT experienced significantly greater improvements in problem severity and functioning than children who received other types of usual care (effect size = 0.21–0.24).
Johanna Unterhitzberger, Cedric Sachser, Rita Rosner (2020) (Unterhitzberger et al. 2020)	Randomized Controlled Trial (RCT)	<ul style="list-style-type: none"> <li>This study analyzed 139 participants: children and adolescents who reported traumatic loss (<math>n = 23</math>; 14.5% of the total study sample), Sexual Abuse (SA) (<math>n = 59</math>; 37.1%), or Physical Violence (PV) (<math>n = 55</math>; 34.6%) as their trauma index.</li> </ul>	12 sessions of TF-CBT, each of which was 90-100 minuted length	PTSS symptoms improved for SA and PV, $d_s = 0.76$ and 0.98, respectively, but not for traumatic loss, $d = 0.23$
M. Hébert, & I.V. Daignault (2015) (Hébert and Daignault 2015)	Quasi experiment	<ul style="list-style-type: none"> <li>This study used a sample of 25 preschool children,</li> </ul>	TF-CBT with approximately 8-16 sessions	TF-CBT has been proven to reduce children's behavior problems statistically



		including 15 girls and ten boys aged 3 to 6 years, with an average age of 5.26. Families were recruited at an initial evaluation of a special intervention setting in Montreal, Quebec, Canada.		significantly; internalization (p: 0.000), externalization (p: 0.000), posttraumatic stress symptoms (p: 0.000), and child avoidance behavior were not affected. Parental psychological problems such as psychological distress (p: 0.020) and posttraumatic stress symptoms (p: 0.000).
Paul O'Callaghan, John McMullen, Ciara'n Shannon, Harry Rafferty, Alastair Black (2013) (O'callaghan et al., 2013)	Randomized Controlled Trial (RCT)	<ul style="list-style-type: none"> <li>The sample for this study was 52 war-affected girls aged 12 to 17 who experienced rape and inappropriate sexual touching in the Democratic Republic of the Congo.</li> </ul>	TF-CBT with 15 sessions	The TF-CBT treatment group experienced a very significant reduction in trauma symptoms with a very large effect size (p 0.001), a very significant reduction in depression and anxiety with a very large effect size (p 0.001), a very significant reduction in behavior problems with a very large effect size (p 0.001). A large effect size (p 0.001) and a significant increase in prosocial behavior with a medium effect size (p 0.05).

## DISCUSSION

Sexual violence is a condition that causes trauma to the victim. Experience as a victim of sexual violence has been proven to influence cognitive, behavioral, and social responses. Based on the results of the article review, it was found that the implementation of trauma-focused cognitive behavioral therapy (TF-CBT) had a positive influence on the condition of children who were victims of sexual violence. TF-CBT aims to reduce post-traumatic stress symptoms in victims and improve their skills in coping with trauma (Cohen and Mannarino, 2015).

### Implementation of TF-CBT

Trauma-focused-cognitive behavioral therapy focuses on aspects of trauma and cognitive and behavioral changes. This review found differences in sessions used for TF-CBT. This difference is due to the need for repeated or separate sessions between parent and child. The therapist determines the number of sessions by considering the client's condition (Cohen, Mannarino, and Deblinger, 2017). The implementation of TF-CBT consists of 8-20 sessions (the majority use 12 sessions) involving caregivers whose status is not involved in cases of violence in the therapeutic process (Caouette et al., 2021; Cabrera et al., 2020 Newman et al., 2018; Hébert and Amédée 2020; Unterhitzberger et al., 2020; O'callaghan et al., 2013). The duration of therapy is 45-100 minutes for each session, namely:

- a) Building report cards and orientation about therapy and TF-CBT. An explanation of the implementation involving child-parent relationships, the goals, and the focus of therapy on efforts to overcome trauma are explained in this session. Openness during the therapy process needs to be emphasized in this orientation. Problems that may arise are concerns about confidentiality and discomfort when having to share the trauma with the family members involved. These problems can be overcome by exploring concerns, finding joint solutions, and making settlement agreements (Cohen and Mannarino, 2015).
- b) Psychoeducation and reactions to trauma (involving parental support). Explanation of the trauma response in children as a normal process and connecting it with what the child experiences. Psychoeducation provides an understanding that children can recover from long-term trauma and return to carrying out their functions positively. Factors that trigger the return of trauma need to be emphasized at this stage. This stage can also teach caregivers to provide initial help to prevent the return of trauma and provide a good response when the child's trauma is triggered (Caouette et al., 2021; Cohen and Mannarino, 2015).
- c) Relaxation. Relaxation techniques can be used. The choice of relaxation technique can be adjusted to the child's interests. Relaxation techniques can also be applied to caregivers.
- d) Recognize the emotions felt
- e) Assessment of feelings and modulation of momentary emotional expressions
- f) Grounding and mindfulness
- g) Cognitive processes. Therapists help children recognize the relationship between thoughts, feelings, and behavior (cognitive triangle) and replace maladaptive cognitions (unhelpful thoughts) related to everyday events with more helpful cognitions. This treatment was also carried out on the caregiver (Caouette et al., 2021; Cohen and Mannarino, 2015).
- h) Creating a trauma narrative and processing traumatic experiences. Children are asked to write narratives related to the trauma they have experienced. Then, the narrative will be given to the parents, and a direct sharing session will be held between the children and parents. At this stage, parents can better understand what they have never heard (Caouette et al., 2021; Cohen and Mannarino, 2015).

- i) Managing trauma with in vivo techniques. This technique teaches children not to avoid but rather to face conditions that trigger trauma. Children are gradually exposed to trauma-related fears that interfere with the child's basic needs. This stage involves the role of the caregiver in providing support, praise, patience, and commitment in accompanying the child to face conditions that trigger trauma. This technique should only be started with full commitment from the parents/caregivers
- j) Joint sessions between children and parents to share traumatic experiences. This session begins with a therapist meeting with the child (5-10 minutes), a therapist meeting with the parents (5-10 minutes), and a joint meeting between the child, parents, and therapist (40-50 minutes). Children and parents are facilitated to ask questions, share what they feel, and discuss matters related to the incident that caused the trauma and the efforts that will be made together to achieve a state of recovery (Cohen and Mannarino, 2015).
- k) Improve and develop safety in the future. Traumatic events will reduce children's sense of trust and security. This stage facilitates families and children in finding solutions, ensuring safety, and establishing commitment for the next moment (Cohen and Mannarino, 2015).
- l) Review and termination (Caouette et al., 2021; Cohen and Mannarino, 2015).

TF-CBT facilitates victims of sexual violence to improve judgment, regulate pent-up emotions, and build good social support. This therapy has many sessions, so its implementation takes a long time. This review found that treatment lasted approximately 1-4 months. This can increase the risk of patients dropping out or stopping in the middle of the therapy process. Therefore, the initial session as an entry point is very important in the success of therapy. The report process between therapist and client is the main key. Each session can be done more than once, considering the output. Some studies use different time durations and number of meetings (Caouette et al., 2021; Cabrera et al., 2020; Hultmann et al., 2023; Newman et al., 2018; O'callaghan et al., 2013).

According to several articles analyzed, several things need to be considered during the TF-CBT intervention process, such as a safe environment that does not trigger trauma memories (Caouette et al., 2021; Cohen and Mannarino, 2015). TF-CBT, which involves the role of parents in the intervention, can provide good support in trauma recovery for children who are victims of sexual violence (Cohen and Mannarino, 2015). The symptoms affected by each group given TF-CBT were different. Therapy for preschool children will have challenges due to children's less mature cognitive abilities compared to school-age and teenagers. Therefore, the solution is to involve parents in the therapeutic process actively.

Cultural and environmental factors play an important role in the success of TF-CBT. Recommendations for modifications to the implementation of TF-CBT were also provided (Lee and Lang, 2023). Modifications made to TF-CBT therapy are the use of regional languages and traditions in the environment as the method chosen for emotional regulation sessions. This can improve the therapist's rapport with the client in the initial phase. When the report card has been achieved, the client will happily attend each therapy session until completion.

### **Benefits of TF-CBT for Victims of Sexual Violence**

Trauma-focused cognitive behavioral therapy (TF-CBT) helps individuals be able to deal with trauma with the sessions it contains. Trauma-focused cognitive behavioral therapy (TF-CBT) uses its comprehensive approach to address the complex emotional and psychological issues that arise from traumatic experiences (Damayanti et al., 2022; Cowan and Ashai, 2020; Hanson and Wallis, 2018). TF-CBT not only focuses on changing cognitive aspects and deviant behavior but also pays attention to the negative feelings experienced by individuals who have experienced trauma. It can help with better trauma recovery and reduce recurrence rates (Brown et al., 2018). TF-CBT facilitates education about trauma and its impact on children. This can

help them understand that their experiences are not their fault and that they are not alone. This therapy teaches coping skills and relaxation techniques and increases Family Engagement. The involvement of caregivers in TF-CBT sessions can also reduce dropout rates, as the caregiver is more invested in the child's treatment and is more likely to ensure the child attends sessions (Caouette et al., 2021; Cohen and Mannarino, 2015). Research obtained from the ten articles reviewed shows the many benefits of TF-CBT.

TF-CBT has been proven to reduce symptoms of psychological problems in children and adolescents (Caouette et al., 2021; Cabrera et al., 2020; Cohen and Mannarino, 2015). TF-CBT successfully effected a preschool group with internalizing symptoms (sadness, loneliness, anxiety) and dissociative symptoms (short-term memory loss) (Caouette et al., 2021). These effects persisted six months after the end of the intervention (Caouette et al., 2021). TF-CBT is effective in reducing PTSD (Jensen et al., 2022; Hultmann et al., 2023), Depression (O'callaghan et al., 2013), Suicide attempts (Newman et al., 2018), psychology distress (Hébert and Amédée, 2020), and behavioral problems (Hébert and Amédée, 2020; O'callaghan et al., 2013).

Implementation of TF-CBT, which involves support from parents or family, has a positive impact on the trauma recovery process in children as victims of sexual violence (Cohen and Mannarino 2015). Parental involvement can also help parents change perspectives or replace maladaptive cognitions regarding things that happen to children, such as blaming themselves for what their child is experiencing. It can be changed by having joint child and parent sessions. Parents can replace maladaptive thoughts with information that the events their children experience are beyond their control.

#### 4. CONCLUSION

Systematic research shows that TF-CBT is a therapy that can help improve the condition of trauma victims. TF-CBT also influences the victim's behavioral and cognitive aspects by paying attention to the victim's trauma condition. The application of TF-CBT also has a positive impact on patients' depressive symptoms. The findings of this study indicate the need to implement therapy that focuses on trauma victims, especially victims of sexual violence—creating culturally sensitive TF-CBT so that it can be used more easily and have a better impact on victims. With its cultural diversity, Indonesia needs to pay attention to therapy with cultural considerations, such as relaxation techniques or regulations that use existing culture or customs. TF-CBT has been proven to provide benefits for victims of sexual violence and their families, such as reducing trauma symptoms. TF-CBT therapy can be disseminated more evenly in every health service by paying attention to the number of sessions each client can attend. Further research also needs to be carried out in Indonesia, considering that the conditions of Indonesian society differ from those of the communities studied previously..

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